

ATTORNEY OR PARTY WITHOUT ATTORNEY <i>(Name and address)</i> <hr style="width: 20%; margin-left: 0;"/> TELEPHONE NO.: _____ FAX NO. <i>(optional)</i> : _____ ATTORNEY FOR <i>(Name)</i> : _____	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:	
PETITIONER/PLAINTIFF: RESPONDENT/DEFENDANT: OTHER:	
FINDINGS AND ORDER AFTER HEARING	
CASE NUMBER:	

1. This proceeding was heard
 on *(date)*: _____ at *(time)*: _____ in Dept.: _____ Room: _____
 by Judge *(name)*: _____ ☐ Temporary Judge

☐ Petitioner/plaintiff present ☐ Attorney present *(name)*: _____
☐ Respondent/defendant present ☐ Attorney present *(name)*: _____
☐ Other present ☐ Attorney present *(name)*: _____
 On the order to show cause or motion filed *(date)*: _____ by *(name)*: _____

2. THE COURT ORDERS

- | | | |
|-------------------------------|---|---|
| 3. Custody and visitation: | <input type="checkbox"/> As attached on form FL-341 | <input type="checkbox"/> Not applicable |
| 4. Child support: | <input type="checkbox"/> As attached on form FL-342 | <input type="checkbox"/> Not applicable |
| 5. Spousal or family support: | <input type="checkbox"/> As attached on form FL-343 | <input type="checkbox"/> Not applicable |
| 6. Property orders: | <input type="checkbox"/> As attached on form FL-344 | <input type="checkbox"/> Not applicable |
| 7. Other orders: | <input type="checkbox"/> As attached | <input type="checkbox"/> Not applicable |

8. ☐ Attorney fees *(specify amount)*: \$ _____
 Payable to *(name and address)*: _____

Payable ☐ forthwith ☐ other *(specify)*: _____

9. All other issues are reserved until further order of court.

Date: _____ ▶ _____
JUDICIAL OFFICER

Approved as conforming to court order.

▶ _____
 SIGNATURE OF ATTORNEY FOR ☐ PETITIONER / PLAINTIFF ☐ RESPONDENT / DEFENDANT